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PATENT

TECH CENTER 1600/2900 Docket No.: 19226/2091 (R-5629)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant(s) :	Kostyniak et al.)	Examiner:
)	N. Levy
Serial No. :	09/982,821)	
)	Art Unit:
Cnfrm. No. :	8272)	1616
)	
Filed :	October 18, 2001)	
)	
For :	NOVEL PHARMACEUTICAL FORMULATION TO LIMIT OR DELAY SURFACE ABSORPTION)	
)	

AMENDMENT

Mail Stop: Non-Fee Amendment

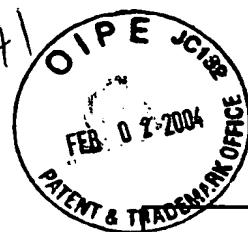
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the October 31, 2003, office action, please amend the above-identified patent application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/982,821		
Filing Date	October 18, 2001		
First Named Inventor	Kostyniak		
Group Art Unit	1616		
Examiner Name	N. Levy		
Total Number of Pages in This Submission	7	Attorney Docket Number	19226/2091

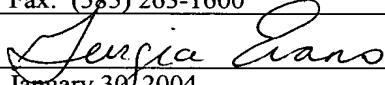
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Georgia Evans, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1672 Fax: (585) 263-1600	
Signature		
Date	January 30, 2004	

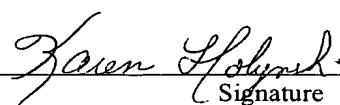
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

1/30/04

Date


Signature

Karen Holynski

Typed or printed name